

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.
15142500
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				2		2
11				2		2
12				1		1
13						
14						
15						
16						
17						
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21						
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45						
46						
47						
48						
49						
50						
TOTAL NO.			19		8	
TOTAL OFF.			28		46	
TOTAL			97		34	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61				1		
62				1		
63				1		
64						
65				1		
66				2		
67				1		
68				2		
69						
70				1		
71						
72						
73						
74						
75						
76				3		3
77						
78						
79						
80						
81						
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83						
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92						
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98						
99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						